

## Trichinosis Case Investigation Report Form

Date of report \_\_\_\_\_ Name of investigator \_\_\_\_\_

Patient name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Race \_\_\_\_\_ Parents' names \_\_\_\_\_

Residence \_\_\_\_\_

Date of symptom onset \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe symptoms \_\_\_\_\_

\_\_\_\_\_

Eosinophil count \_\_\_\_\_ Date blood drawn \_\_\_\_/\_\_\_\_/\_\_\_\_

Muscle biopsy performed? Y ☐ N ☐ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Result \_\_\_\_\_

ELISA result for total antibody \_\_\_\_\_ Date blood drawn \_\_\_\_/\_\_\_\_/\_\_\_\_ Result \_\_\_\_\_

Number of other persons who also consumed meal \_\_\_\_\_ Is anyone else ill? Y ☐ N ☐

NAME	PHONE

Implicated or suspected food \_\_\_\_\_ Date food was consumed \_\_\_\_/\_\_\_\_/\_\_\_\_

Where did the food/meat come from? \_\_\_\_\_

**Narrative** (When meal was prepared? How was food prepared, stored?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the meat tested? Y ☐ N ☐ Larval cysts/gram muscle \_\_\_\_\_

Does anyone else have portions of the meat? Y ☐ N ☐

NAME	PHONE